

PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

GP/3662  
\$ADMENDMENT  
TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Application Number	09/993,108
Filing Date	11/06/01
First Named Inventor	Zhao, Yilin et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	CS20045RL

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Response to Missing Parts Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request for Refund	

Remarks:

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MAR 18 2003  
GROUP 3600

## CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

20280

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

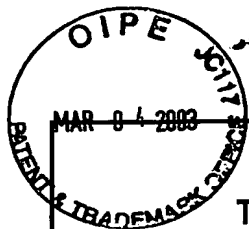
Name:	Motorola, Inc.		
Address:	Intellectual Property Department		
	600 North U.S. Highway 45, AN475		
City: Libertyville	State: Illinois	Zip Code:	60048
Country: USA	Telephone: 847-523-3978	Fax:	847-523-2350
Name (Print/Type) Roland K. Bowler II	Registration No. 33,477		
Signature	Date	27 FEB 2003	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name: Jennifer Magness  
Signature

Date 2/27/03



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GROUP 3600

<b>FEE TRANSMITTAL</b>  Patent fees are subject to annual revision		<i>Complete if Known</i>	
		Application Number	09/993,108
		Filing Date	6 November 2001
		First Named Inventor	Yilin ZHAO ET AL.
		Examiner Name	F. Mull
		Group Art Unit	3662
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	CS20045RL
(\$ 692.00)			

METHOD OF PAYMENT				FEE CALCULATION (continued)			
<b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number: <b>502117</b> Deposit Account Name: <b>Motorola, Inc.</b>  <input checked="" type="checkbox"/> Charge Any Additional Fee required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				<b>3. ADDITIONAL FEES</b>			
<b>2.</b> <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING FEE</b>							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Paid			
1001	750	2001	375	Utility filing fee			
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1) (\$)							
<b>2. EXTRA CLAIM FEES</b>							
Total Claims: <input type="text"/> - <input type="text"/> = <input type="text"/> X <input type="text"/> = <input type="text"/>							
Independent Claims: <input type="text"/> - <input type="text"/> = <input type="text"/> X <input type="text"/> = <input type="text"/>							
Multiple Dependent: <input type="text"/> = <input type="text"/>							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description			
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	* Reissue independent claims over original patent			
1205	18	2205	9	*Reissue claims in excess of 20 and over original Patent			
SUBTOTAL (2) (\$ 102.00)							
**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.							
*For Reissues, see above							
<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>			
Name (Print/Type)		Roland K. B. wler II		Registration No.		33,477	
Signature				Telephone		847-523-3978	
				Date		27 February 2003	